



OFFICE OF WILL COUNTY EXECUTIVE
LAWRENCE M. WALSH

Rita Weiss
Purchasing Director

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BID # 2016-8
DISPOSABLE INCONTINENCE SUPPLIES
SUNNY HILL NURSING HOME, JOLIET, IL

ADDENDUM #3
September 11, 2015

PLEASE DISREGARD BID FORM SENT IN ORIGINAL BID DOCUMENT AND IN ADDENDUM #1 AND REPLACE WITH THE ATTACHED/UPDATED BID FORM, WHICH CONTAINS LEAD TIME, GRAND TOTAL, YEARS 2 AND 3 % OF INCREASES AND % OF DISCOUNT IF APPLICABLE, AND ADDITIONAL COMMENTS, LABELED "REVISED ADDENDUM 3".

IF YOU HAVE ALREADY SUBMITTED YOUR BID DOCUMENTS, PLEASE FILL OUT THE REVISED BID FORM ATTACHED AND FORWARD ONE (1) ORIGINAL AND TWO (2) COPIES UNDER SEPARATE COVER, USING ATTACHED LABEL.

DUE TO THE REQUIREMENT FOR AN UPDATED BID FORM, THE BID DUE DATE WILL BE POSTPONED AND IS NOW **9:30 AM ON WEDNESDAY, SEPTEMBER 30, 2015, AND AWARD IS EXPECTED TO BE MADE NOVEMBER 19, 2015 FOR THIS BID ONLY. SAMPLES WILL NOW BE DUE ON OR BEFORE WEDNESDAY, SEPTEMBER 30, 2015, AND SHOULD BE SENT TO SUNNY HILL NURSING HOME, PER ORIGINAL INSTRUCTIONS.**

SORRY FOR ANY INCONVENIENCE AND THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION IN THIS MATTER.

REVISED ADDENDUM 3 - BID FORM

Date Mailed: 8-26-15
 Due: 9-30-15, 9:30 A.M.
 Open: 9-30-15, 9:40 A.M.

COUNTY OF WILL
 PURCHASING DEPARTMENT
 302 N. CHICAGO ST.
 JOLIET, IL. 60432
 Will County Equal Opportunity Employer

CONTRACT FOR
 2016-8 SHNH
 DISPOSABLE UNDER PADS,
 BRIEFS AND PULL UPS

COMPANY NAME _____ The Bidder proposes to
 ADDRESS _____ provide the products and/or
 the specifications attached herein
 CITY _____ STATE _____ ZIP _____ Please check one
 CONTACT _____ Minority Vendor
 yes _____ no _____
 PHONE _____ FAX _____ FEIN # _____
 EMAIL _____

THIS IS NOT AN ORDER

Agency Name and Delivery Address: SUNNY HILL NURSING HOME,
 421 DORIS AVENUE, JOLIET, IL 60433
For additional information contact: RITA WEISS, PURCHASING
rweiss@willcountyillinois.com

ITEM #	QUANTITY	DESCRIPTION	UNIT COST	EXTENDED
QUANTITIES ARE BASED ON LAST YEARS USAGE AND ARE ESTIMATES ONLY. PLEASE INDICATE ON THE LINE BELOW EACH DESCRIPTION THE BRAND, MODEL # AND QTY & PRICE PER CASE.				
1	12,480 EA 312 CS	ULTRA SORB HEAVY ABSORBENT NIGHT PAD	\$	\$
2	41,600 EA 520 CS	DISPOSABLE ADULT BRIEF (DIAPER) MEDIUM PER SPECIFICATIONS	\$	\$
3	41,600 EA 520 CS	DISPOSABLE ADULT BRIEF (DIAPER) REGULAR PER SPECIFICATIONS	\$	\$
4	83,200 EA 1,040 CS	DISPOSABLE ADULT BRIEF (DIAPER) LARGE PER SPECIFICATIONS	\$	\$
5	83,200 EA 1,040 CS	DISPOSABLE ADULT BRIEF (DIAPER) X-LARGE PER SPECIFICATIONS	\$	\$
6	62,400 EA 780 CS	DISPOSABLE BREATHABLE ADULT BRIEF (DIAPER) 2X-LARGE PER SPECIFICATIONS	\$	\$

7	1,664 EA 1 CS	DISPOSABLE BREATHABLE ADULT BRIEF (DIAPER) 3X-LARGE PER SPECIFICATIONS	\$	\$
8	144 CS	UNDERWEAR, ADULT PROTECTIVE: SIZE - MEDIUM (PULL-UP) PER SPECIFICATIONS	\$	\$
9	144 CS	UNDERWEAR, ADULT PROTECTIVE: SIZE - LARGE (PULL-UP) PER SPECIFICATIONS	\$	\$
10	48 CS	UNDERWEAR, ADULT PROTECTIVE: SIZE - X-LARGE (PULL-UP) PER SPECIFICATIONS	\$	\$

Lead Time ARO _____ Days

Grand Total for One Year

\$

Grand Total In Written Words Below:

Optional Year two (2) Percentage of Increase

Optional Year three (3) Percentage of Increase

Additional Percentage of Discount if awarded in its entirety

Additional Comments:

Signed By: _____ Title: _____

Approved by: _____ Karen Sorbero, S.H.N.H.

LATE BIDS CANNOT BE ACCEPTED!

Vendor Return Address:

SEALED BID DOCUMENT

BID #: 2016-8
DUE DATE: 9-30-15
DUE: 9:30 A.M.
DESCRIPTION: SHNH Disposable Incontinence Supplies

DATED MATERIAL-DELIVER IMMEDIATELY
WILL COUNTY PURCHASING DEPARTMENT
302 N. CHICAGO ST., 2ND FLOOR
JOLIET, IL 60432

**PLEASE CUT OUT AND AFFIX THIS BID LABEL (ABOVE) TO
THE OUTERMOST ENVELOPE OF YOUR SEALED BID TO
HELP ENSURE PROPER DELIVERY!**

LATE BIDS CANNOT BE ACCEPTED!